

South Carolina Archives & History Center 8301 Parklane Road Columbia, SC 29223 803.896.6202

VOLUNTEER APPLICATION

Application Date: Are you an O Adult? C						
CONTACT INFORMATION						
Name: Last:	First:		Nickname:	MI:		
OMr. OMrs. OM	Is. OMiss OD	r. Other				
Social Security Number:						
Address:						
City:		State:	Zi	ip:		
Phone: Home:	Business:		Fax:			
Email:						
I prefer to receive calls at	Home Busine	ss Cither				
EDUCATIO	N					
If in school, what grade or cla	ss are you in?	Which schoo	1?			
If not in school, what was you	r most recent formal e	ducation?				
Describe any training that mi	ght be relevant to volur	nteering at the Ar	chives and list any con	nputer skills		
WORK EXI	PERIENC	EΕ				
If presently employed, by who						
If retired or not working, plea						
Responsibilities of your most	-	1 / 1				
1	j					
Do you have supervisory expe	erience? O Yes C	No				

VOLUNIEER	_	NCE		
Are you now a volunteer? Yes		. 1 . 1		
Please list organization(s) you have volu	nteered for, beginning w	ith the most recent		
Responsibilities of your most recent volu	ınteer assignment:			
Work/Volunteer references (list at least qualifications/work abilities as an emplo		relatives, who know the mos	t about your	
Name	Address	Telephone	Relationship	
Name	Address	Telephone	Relationship	
AVAILABILITY	т но	W OFTEN		
Check all that apply:	O _	days a week		
M T W TH	Г.	Every other week		
AM	O Mo	•		
PM		needed		
OTHER INFOR	MATION	1		
Do you possess a valid driver's license?	Yes O No If	ves: DL#:		
State: Exp.: Class:	A O B O C O	DO EO FO	MOG	
Have you ever been convicted of a crimi	nal offense? O Yes	⊃ No		
If yes, please list charge(s):				
Where convicted:	Date:	Status:		
Certification of Applicant: By my signat acccurate. I understand that any falsification consideration of volunteer employs	tion or misrepresentatio			
Signature		Date		

Completion of this application gives SC Archives & History Center permission to perform a criminal check as necessary.